

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
DEPARTMENT OF SOCIAL AND REHABILITATIVE SERVICES

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OFFICE OF THE DIRECTOR

600 New London Avenue  
Cranston, Rhode Island 02920

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MEMORANDUM OF UNDERSTANDING  
BETWEEN  
MEDICAL ASSISTANCE PROGRAM  
AND  
VOCATIONAL REHABILITATION

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In order to continue the present cooperative working relationship between the Rhode Island Medical Assistance Program and Vocational Rehabilitation and to provide high quality medical services for clients eligible for Medical Assistance (Title XIX) and Vocational Rehabilitation, the following is presented to delineate the responsibilities of the agencies concerned.

It is understood that Vocational Rehabilitation should do everything possible to rehabilitate individuals as Vocational Rehabilitation has the responsibility for the administration of all services needed to preserve or develop to the maximum the self-sufficiency of the individual.

In order to fully utilize the services of both agencies, Vocational Rehabilitation will assume responsibility for the following services:

- (1) A complete general medical examination providing an appraisal of the current medical status of the individual.
- (2) Examination by specialists in all fields as needed, including psychiatric and/or psychological examinations in all cases of suspected mental or emotional illness.
- (3) Such laboratory tests, x-ray services and other indicated studies as are necessary to establish the diagnosis(es) to determine the extent to which disability limits the individual's daily living and work activities and to estimate the potential results of physical restoration services.
- (4) The initial purchase of durable medical equipment and surgical and prosthetic appliances required as part of a Vocational Rehabilitation plan.
- (5) In-patient and out-patient services provided by rehabilitation facilities not covered within the scope of services of the Rhode Island Medical Assistance Program.
- (6) Private psychiatric services within the normal limitations of the Vocational Rehabilitation program.

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- (7) All other medical services and supplies which are required as part of an overall Vocational Rehabilitation plan that are not covered by the Rhode Island Medical Assistance Program.

The Medical Assistance Program will assume responsibility for payment of the following services:

- (1) Hospital services in licensed general hospitals certified for participation in the Title XVIII and Title XIX Programs when provided in accordance with applicable federal and state rules and regulations.
- (2) Durable medical equipment and surgical and prosthetic appliances utilized on an on-going basis.
- (3) Hemodialysis treatments provided in hospital and hemodialysis facility settings.
- (4) All other medical services and supplies which are medically justifiable and are included within the scope of services of the Rhode Island Medical Assistance Program but not covered by Vocational Rehabilitation.

All medical services and supplies paid for by the Medical Assistance Program will be provided in accordance with established methods of reimbursement, fee schedules and other applicable rules and regulations. Since certain hospital out-patient department services and services provided in out-of-state hospitals require prior authorization, consultation between the two agencies will be required before authorization is granted for such services. All rehabilitative services will be provided within the scope of services of Vocational Rehabilitation. Referrals between the two agencies will be administered as agreed upon by both agencies.

Vocational Rehabilitation will take the initiative to evaluate and determine those services needed to return an individual to a remunerative occupation. Those medical services not directly connected with the clients major disabling condition and the Vocational Rehabilitation process will be excluded. The Medical Assistance Program will be responsible for the on-going medical needs not directly related to the Vocational Rehabilitation process.

Vocational Rehabilitation will provide on-going counseling and guidance and other needed non-medical services required to achieve the client's vocational objective.

Vocational Rehabilitation and Medical Assistance will exchange information on case situations as well as statistical data concerning relevant material required for both programs.

This memorandum of understanding is presented as a guide to provide the highest quality medical services for mutually served

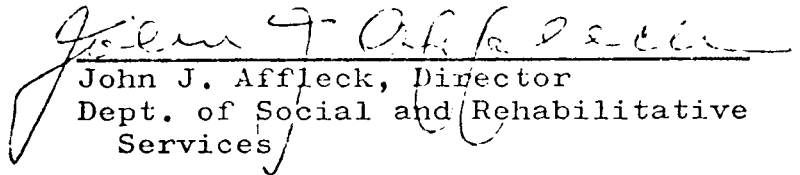
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clients in an effort to preserve the self-dependency and integrity of the individual..

This cooperative working arrangement between these agencies within the Department of Social and Rehabilitative Services which will be implemented effective May 1, 1979, shall remain in effect until a change is requested in writing by either agency sixty (60) days prior to the annual anniversary date.

Approved by:

  
John J. Affleck, Director  
Dept. of Social and Rehabilitative  
Services

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NO APPROVED 12/15/80

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AGREEMENT  
BETWEEN CRIPPLED CHILDREN'S SERVICES IN THE  
R. I. STATE DEPARTMENT OF HEALTH  
AND THE  
R. I. STATE DEPARTMENT OF SOCIAL WELFARE

PURPOSE

The Rhode Island State Department of Social Welfare and the Crippled Children's Division within the State Health Department recognize and accept their mutual responsibilities of providing high quality medical services to all physically handicapped children in the community. They agree to effect a close inter-agency working relationship in order to more effectively achieve this goal.

It is mutually understood by both agencies that the Rhode Island Department of Social Welfare through the provisions of Title XIX will supplement those services presently being provided by the Crippled Children's Division. (See attached report by Crippled Children)

It is mutually agreed that the Department of Social Welfare and the Rhode Island State Department of Health should do all that is humanly possible to prevent chronic dependency upon the Department of Social Welfare when other community resources can be utilized to provide adequate medical services for these children. Basically, the goal is to have all physically handicapped children retain their independence to the greatest extent possible.

The Rhode Island State Department of Social Welfare will act as a supplementary agency and provide those medical services and supplies and financial assistance for which the Crippled Children's Division is unable to assume responsibility because of limitations in their resources and scope of medical services. These medical services and supplementary financial payments

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will be provided by the State Department of Social Welfare within the scope of its Title XIX Program. This type of arrangement should better serve the needs of the patient and the ultimate goals of both agencies. 26-21

CONDITIONS FOR ACCEPTANCE OF CASES BY CRIPPLED CHILDREN'S SERVICES.

In order to qualify for Crippled Children's services, the applicant must be a Rhode Island resident under 21 years of age and handicapped by reason of a physical defect(s), disability, disease, or a condition which is likely to result in a physical handicap. Any individual falling within this broad definition is eligible for those services generally available through the Division of Child Health, Crippled Children's Section within the State Department of Health.

Diagnostic services are available without charge to any child who resides in Rhode Island; without restriction or requirements as to the economic status or legal residence of the child's family or relatives, and without any requirement of the referral of such child by an individual agency.

Financial eligibility for therapeutic services is determined by the medical social worker from the Crippled Children's Section. Those children whose parents have adequate financial resources are referred to private sources for their treatment. There are no restrictions imposed by reason of race.

RECIPROCAL REFERRAL SERVICES:

The Department of Social Welfare will refer to the Crippled Children's Program such persons who may appropriately be served by that agency. The Crippled Children's agency will accept such referrals and will make prompt arrangements to provide a comprehensive review and evaluation of the needs of such persons and will, thereafter, provide whatever services the agency

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is able to provide in accordance with its established scope of service and its usual agency criteria. The Crippled Children's agency will refer to the Department of Social Welfare those persons who are felt to be in need of medical care or services whose needs can be more appropriately met under the provisions of the Medical Assistance Program. The Department of Social Welfare through its Division of Public Assistance will make prompt arrangements to interview and/or evaluate such persons and will provide whatever direction and assistance available to eligible recipients within the established scope of services within the Title XIX Program. 26 21

In those cases eligible for services of both agencies simultaneously, appropriate courses of action will be effected through joint planning by the two agencies for the attainment of their mutual goals intended to provide for the optimal medical care of the patient.

The Crippled Children's Division will assume responsibility for all professional services usually provided eligible recipients except in the areas of mental health and dental care. Because the Crippled Children's Program does not have provision for services in these areas of medical care, the Department of Social Welfare will assume responsibility for the payment of these medical services when the individual needs or other requirements set forth by the Department of Social Welfare are met as they relate to eligibility for such services.

It should be noted, however, that the Crippled Children's Agency will assume responsibility for payment for dental services when such services are related to a more basic physical defect; e.g., cleft palate, etc.

With regard to hospitalization, the Rhode Island State Department of

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Social Welfare will assume responsibility for the payment of hospital services for those children who qualify. All cases will be subject to the rules and regulations of the Rhode Island State Department of Social Welfare. It is in this category of hospital services that the Rhode Island State Department of Social Welfare can be expected to provide one of the more important elements of its supplementary assistance for the effective medical care of the crippled child.

Responsibility for in-patient and out-patient physicians' services will be assumed by the Director of Child Health Services. Planning in this area will, therefore, require close cooperation among the Crippled Children's social worker, the Office of Medical Service in the Rhode Island State Department of Social Welfare and the Social Service Department of the hospital providing the services.

#### EXCHANGE OF REPORTS

In all cases involving mutual responsibility there will be an exchange of information and reports of progress. This cooperative interchange will serve to avoid duplication of services and the possibility of duplication of payment for the same by both agencies involved.

When one agency makes a referral to the other agency, the referring agency will forward all pertinent facts relating to the individual being referred to the accepting agency. The agency accepting the referral will, in turn, provide a report of all services which have been provided to the person referred for medical care or services.

#### PRIMARY AREAS TO BE SERVED BY THE CRIPPLED CHILDREN'S PROGRAM

The Crippled Children's Program has recently been expanded and extensively revised in response to the need for high quality medical services to

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the handicapped and in keeping with the latest developments in the various areas of medical research. The Crippled Children's Program makes provision for services in the following areas:

1. An Orthopedic Program.
2. A Cardiac Program including the care of congenital cardiacs as well as rheumatic fever patients.
3. A Metabolic Disease Program which includes treatment of patients with Cystic Fibrosis and Nephrosis.
4. A Cleft Lip or Cleft Palate Program as part of a newly instituted program of reconstructive and plastic surgery.
5. A speech and hearing program including the purchase of hearing aids.

As a result of the type of working agreement outlined in the preceding paragraphs - whereby the Rhode Island Department of Social Welfare has agreed to provide payment for supplementary medical services required by those eligible Medical Assistance recipients, the Crippled Children's Program will be in a more advantageous position to utilize more effectively its limited Federal and State appropriations in serving a larger number of children suffering from crippling or potentially crippling physical defects.

This agreement is to become effective January 1, 1968. It will be evaluated jointly by the two State agencies on a periodic basis - not less frequently than annually.

Date 12/1/67

Signed Augustine W. Riccio  
Augustine W. Riccio  
R. I. Department of Social Welfare

Date January 2, 1968

Signed Joseph E. Cannon, M.D.  
Joseph E. Cannon, M.D.  
R. I. Department of Health

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APPROVED 12/15/68



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MEMORANDUM  
BETWEEN MATERNAL AND CHILD HEALTH SERVICES IN THE  
RHODE ISLAND STATE DEPARTMENT OF HEALTH  
AND THE  
RHODE ISLAND STATE DEPARTMENT OF SOCIAL WELFARE

PURPOSE:

The Rhode Island State Department of Social Welfare and the Division of Child Health within the Rhode Island State Health Department have the mutual objective of providing optimal maternal and infant care for the eligible recipients. In striving to attain these goals of both agencies, the Rhode Island State Department of Social Welfare will supplement the maternal and child health services presently being provided by the Division of Child Health within the scope and provisions of the Title XIX Program.

It is mutually agreed that the Rhode Island Department of Health and the Rhode Island Department of Social Welfare should do all that is possible to prevent chronic dependency upon the Department of Social Welfare when other community resources can be utilized to provide adequate medical services.

The Rhode Island Department of Social Welfare will act as a supplementary agency and provide whatever services and financial assistance the Division of Child Health is unable to assume because of limitations in resources and scope of medical service. These medical services and supplementary financial payments will be provided by the State Department of Social Welfare within the scope of its Title XIX Program. This type of arrangement should better serve the needs of the patient and the ultimate goals of both agencies.

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The conditions for acceptance in some of the major programs sponsored by the Division of Child Health are as follows:

1. Maternity and Infant Care Project at St. Joseph's Hospital.

Through this project, prenatal, intrapartum, postpartum and newborn pediatric care are provided to unwed mothers throughout the State and to mothers of high risk residing in South Providence, Rhode Island.

2. Immunization Program.

All children in the first and fifth grades receive immunizations against diphtheria, tetanus, and measles.

3. Phenylketonuria (PKU) Control Program.

Screening tests are performed for all newborn infants throughout the State.

4. Mental Retardation Evaluations.

Diagnostic services are provided for those suspected of mental retardation and for all those persons up to age 21 who present a problem in delayed development or some type of inherited disease.

5. Instruction and Guidance of Expectant Mothers Program.

This program takes the form of lectures given by specially trained public health nurses in several rural communities, as well as the metropolitan area.

6. Dental Care for Preschool and Mentally Retarded Children Program.

Provision is made for dental care of preschool and mentally retarded children at the Joseph Samuels Dental Clinic.

Any individual falling within the above categories is eligible for maternal and child health services of the Division of Child Health.

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